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<p><b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)</p> <p><input type="checkbox"/> Declaration Submitted with Initial Filing</p> <p><input checked="" type="checkbox"/> Declaration Submitted after Initial Filing</p>	Attorney Docket No.	210121.471C1
	First Named Inventor	Jiangchun Xu
	COMPLETE IF KNOWN	
	Application Number	09/347,496
	Filing Date	July 2, 1999
	Group Art Unit	1615
Examiner Name		Not yet available

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**COMPOUNDS FOR IMMUNOTHERAPY AND DIAGNOSIS  
OF COLON CANCER AND METHODS FOR THEIR USE**

(Title of Invention)

the specification of which was filed on (MM/DD/YYYY)

7/2/99

the specification of which is attached hereto

as United States Application Number of PCT International Application Number

Express Mail No.

and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto
		<input type="checkbox"/>

**DECLARATION -- Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States Application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

I acknowledge my duty to disclose information of which I am aware which is material to the patentability and examination of this application in accordance with 37 C.F.R. § 1.56(a), including material information which occurred between the filing date of said earlier-filed application and the filing date of the C-I-P application (if applicable).

U.S. Application or PCT Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/221,298	12/23/98	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: **Registered practitioner(s) name/Registration number listed below:**

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